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## **HISTORY OF HOME NURSING IN AUSTRALIA**

This special article has been contributed by the States and Territories Home Nursing Sciences.

### **INTRODUCTION**

1985 marks the Centenary of the Home Nursing services, historically a vital component of the health care system in the Australian community.

Home nursing began in Australia in 1885 when a group of concerned citizens met in Victoria formed the Melbourne District Nursing Service with the object of looking after disadvantaged sick people at home. Since those early days the nursing service has spread to every State and Territory and now, 100 years later, there are around 200 active organisations using modern equipment and offering general and specialised nursing care to the people of Australia.

Whilst there are, in 1985, many nurses working in the community providing home care to patients, this article focuses on the first Home Nursing organisations established in each State and Territory.

The majority of the home Nursing services in Australia commenced as voluntary organisations. Over the hundred years of their existence the nursing services have been challenged constantly by limited finances and growing demand. However the passing of the Commonwealth Home Nursing Subsidy Act in 1956 meant Home Nursing organisations became eligible to receive Commonwealth Government subsidy for the salaries of registered nurses employed, provided the State matched the subsidy. From that time on Home Nursing services rapidly developed and in 1983 there were 193 Home Nursing organisations throughout the six States of Australia receiving a subsidy.

HOME NURSING ORGANISATIONS—AUSTRALIAN STATES: 1977-78 TO 1981-82							
	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Total
<b>Number of home nursing organisations at 30 June—</b>							
1978	89	69	10	1	3	21	193
1979	90	69	10	1	3	21	194
1980	89	69	9	1	3	20	191
1981	89	69	9	1	3	20	191
1982	89	70	10	1	3	20	193
<b>Visits made ('000), year ended 30 June—</b>							
1978	1,195	1,221	1,297	478	820	237	5,248
1979	1,256	1,294	1,302	444	826	205	5,327
1980	1,317	1,389	1,285	441	851	211	5,494
1981	1,375	1,445	1,357	450	868	214	5,709
1982	1,421	1,495	1,445	438	866	231	5,896
<b>Visits made per 1,000 mean population, year ended 30 June</b>							
1978	240	321	602	372	677	575	379
1979	249	337	597	344	670	494	381
1980	258	359	578	340	679	501	388
1981	264	368	588	343	675	503	395
1982	270	377	606	331	658	538	401
<b>Average number of nurses employed (a), year ended 30 June—</b>							
1978	406	513	384	191	233	61	1,788
1979	410	533	410	193	249	62	1,857
1980	425	565	430	190	254	63	1,927
1981	432	598	444	198	260	64	1,996
1982	444	622	472	201	271	74	2,084

(a) Federal subsidies in home nursing organisations are based on the number of nurses employed over and above the number employed at 30 September 1956 in the case of organisations existing at that date, and on the total number of nurses employed by home nursing organisations formed after that date. The actual numbers of nurses employed at 30 September 1956 were: New South Wales 43; Victoria 88; Queensland 16; South Australia 38; Western Australia 29; Tasmania 1.

Source: Annual Report of the Director-General of Health 1982-83 p. 191.

Despite financial limitations, the caring concern of the founders of Home Nursing organisations was the catalyst for the development of many innovative programs developed to meet community needs.

The link with district nurses from England is evident in the development of Home Nursing organisations in Australia.

## INFLUENCE OF ENGLAND'S DISTRICT NURSING

Although St Catherine's Royal Hospital was the oldest organisation to provide a visiting nursing service in England, in 1148, it was not until 1848 that there was any mention of nurses being prepared work districts. In 1859 Mr William Rathborne recognised a need to provide a nurse to work amongst the poor in Liverpool and later established a training school for district nurses at his own. These nurses were seen at that time not just as caring for the sick but, due to their direct and close contact with those for whom they cared, also as social reformers. In 1887, Queen Victoria's Jubilee year, part of the money collected for her gift was granted by the for the establishment of the Queen Victoria Jubilee Institute for Nurses. When Queen Mary as patron of the Institute, in 1925, the name was changed to Queen's Institute of District For many years the Institute was responsible for both the training and the employment of nurses throughout England and quite a number of district nurses in Australia today have

Information about district nursing services was brought to Australia from England and Scotland by Dr Caffyn and Rev. C. Strong who were instrumental in setting up the first Home Nursing organisation in Australia - the Melbourne District Nursing Society.

## DEVELOPMENT OF DISTRICT NURSING IN AUSTRALIA

Victoria was the first State to introduce a district nursing service in 1885. This was followed by

South Australia (1894), Tasmania (1896), New South Wales (1900), Queensland (1904) and Western Australia (1905). The Northern Territory introduced an infant health and home service in 1929 to cater for the needs of Darwin while the first service in the A.C.T. started in 1946. A record of the development of district nursing in Australia is given below.

### **Victoria (1885)**

The poor health and living conditions of disadvantaged sick persons in Melbourne prompted a group of concerned citizens to meet on the 17th February, 1885. Dr Caffyn and Reverend Charles Strong, two of the participants, were familiar with the working of the district nurses in Scotland. They briefed the meeting on their work, and the outcome of the meeting was the formation of the Melbourne District Nursing Society, to look after the sick poor persons at home to prevent unnecessary hospitalisation.

The nursing link with England was strengthened in 1892 with the appointment of Mrs I. Smith, the first fully trained nurse to be employed and a graduate from the Florence Nightingale training school. Quality of care was a concern of the Society even in those early days and was supported by members such as Mrs Caffyn who was known as a strong advocate for lifting nursing from the stereotype of Sarah Gamp the drunken nurse in Dickens - to a 'scientific profession for gentlewomen'.

In 1898, the Society was incorporated under the Hospital and Charity Act. The need for a convalescent nursing home for the Society's patients prompted the building of an 'After Care Hospital' in 1925. Subsequently, in 1957, at the request of the Hospitals and Charities Commission, separate Boards of Management for the After Care Hospital and the District Nursing Society were developed. Each was incorporated as a separate entity and the name of Melbourne District Nursing Society was changed to Melbourne District Nursing Service. The 'Royal' prefix was granted to the Service by charter in 1966.

As a result of close contact that nurses had with the sick at home, in the context of their families and the community, nurses developed an awareness of community needs. This understanding prompted district nurses to pioneer a number of innovative programs over the years. Some of these were:

- 1894 - The Service established a popular lecture series on hygiene.
- 1917 - The Service helped in the establishment of welfare baby clinics.
- 1934 - The Melbourne District Nursing Society Women's Welfare Clinic commenced offering advice on family planning and birth control.
- 1948 - It was recorded that the Melbourne District Nursing Society Ante-Natal Clinic (established in 1931) was one of the first to institute routine weighing and blood pressure taking of pregnant women which resulted in the early detection and effective treatment of toxæmia of pregnancy.
- 1975 - Two R.D.N.S. staff worked as outreach workers from the North Richmond Community Health Centre to residents in Housing Commission dwellings, focusing on case finding.

Currently the Service provides care which includes both general and specialist nursing care. This includes nursing treatments such as catheterisation, stomal care and injections, rehabilitation nursing care, assessment of people at home regarding aids to daily living, psycho-social supportive care to patients and their relatives who may be under stress or grieving, health teaching in all aspects of health maintenance and self care.

In the area of mothers and babies, specialist staff provide ante-natal care and prescribed post-natal care following early discharge from hospital. This post-natal care includes general supervision and health teaching, nursing treatments for mother and baby and family planning

advice. The service is provided to bridge the period between hospital discharge and the time mother and baby are able to attend the local Infant Welfare Centre.

Staff working in the specialist area of oncology nursing, work closely with the major referring hospitals to keep up-to-date with current treatment plans of patients and thus maintain continuity of care into the home. In addition they provide a domiciliary pathology service for patients who require frequent ongoing blood tests, thus helping to reduce the considerable stress on patients associated with frequent visits to hospitals. There are Royal District Nursing Service Liaison Nurses working in major teaching hospitals and some private hospitals to participate in discharge planning and ensure continuity of care.

The Service has an education department providing in-service education and post basic courses available to all district nurses in Victoria. In addition, all Royal District Nursing Service staff have access to and receive support from consultative staff such as the psycho-geriatric, mental health, breast prosthesis, stomal therapist nurses, physiotherapists and social workers.

A centralised administration and regionalised management model has been developed to ensure efficient and effective service delivery as the service expands. A quality assurance program has also been implemented to ensure care given is of excellent standard.

In 1984, there were seven organisations providing a Home Nursing service in the Melbourne metropolitan area and over eighty in country areas. The size of service varies, from a part time district nurse to the largest service, the Royal District Nursing Service with a staff of 377.

At the end of June 1982, it was recorded that 639 district nurses provided care for 43,600 patients and made 525,900 visits within Victoria.

### **South Australia (1894 )**

The Royal District Nursing Society of South Australia, initially the District Trained Nursing Society (D.T.N.S.), was inaugurated on 12th July, 1894 following 12 months work by a trained nurse in the Adelaide suburb of Bowden. This experiment, which was financed by the philanthropic Barr Smith and Elder families, had convinced founders, Dr. Allan Campbell, M.L.C., Rev. B.C. Stephenson and Nightingale nurse Matron Edith Noble, of the local demand for a district nursing service. Meanwhile, the financial viability of such a venture was being demonstrated by the Pirie Street Nursing Sisters' Association, which was organised by the inner-city Pirie Street Wesleyan Methodist Church but supported by public donations. Founder Rev. Joseph Berry was on the inaugural committee of the D.T.N.S., although his Pirie Street Nursing Sisters' Association remained independent until 1898. Subsequently, in 1937, the D.T.N.S. was re-named the District and Bush Nursing Society of S.A. Inc.; in 1965 the 'Royal' prefix was granted and in 1973 'Bush' was removed from the title. R.D.N.S. has been South Australia's sole district nursing service operating, with the aid of local committees and over 70 branches, throughout the State, including several cottage hospitals. The existence of country as well as metropolitan branches was recognised in the transitional title 'District and Bush Nursing Society'.

The objects of the Society have changed little over the years. They include:

- On the basis of need, provide skilled nursing care to the sick and disabled in their own homes.
- Assist in education and field experience programs for nursing, medical and paramedical personnel in domiciliary nursing care.'

The promulgation of the **Home Nursing Subsidy Act 1956** assured the Society of both State

and Federal Government grants, but the organisation has still maintained community funding of approximately 20 percent of its total budget.

The Society promotes a concept of 'family-centred care' offering and providing nursing care, promoting health and educating and encouraging families towards maximum independence, coordinating that care in the complex multi-disciplinary health care setting.

As staffing numbers increased and hospitals began to discharge patients earlier to home care services, R.D.N.S. regionalised its services, and now operates with 5 metropolitan and 2 country regions. Each regional supervisor is responsible for 25-30 field staff, and, particularly in country areas, covers a large geographical area.

To enhance the coordination of care between hospital and home based services, R.D.N.S. established the position of liaison sister in each metropolitan teaching hospital. This service facilitates discharge planning and the provision of increasingly complex nursing care in the home care setting.

Continuing nursing education is promoted through in-service programs and tertiary studies. Education programs enhance the skills of nursing staff and enable them to appreciate the social, cultural and ecological factors influencing health care. Specialist resource staff further support nurses as trends in community care change.

A recent major review of R.D.N.S. identified the need for a change to some financial, administrative and professional aspects and the development of a computerised data and recording to assist the society to work more effectively in the regionally based multi-disciplinary health care setting.

The trend in South Australia for some country hospitals to provide 'outreach' nursing services has prompted the South Australian Health Commission to request the use of R.D.N.S. education and administrative support for these services and the utilisation of their problem oriented recording system. There is, therefore, a move to the utilisation of a common data base in domiciliary nursing in this State.

Royal District Nursing Society of South Australia is committed to uphold a standard of in its nursing practice and a quality assurance program, with documentation of standards the major, professional undertaking of the present and the future.

R.D.N.S. employs 210 full time equivalent registered nursing staff and has an additional 100 registered nurses available for casual employment. These nursing staff visited 15,000 patients making 427,000 visits and travelled 2, 150,000 kilometres in the 1983-84 financial year.

### **Tasmania (1896)**

In the same year that South Australia initiated its first district nursing organisation, some key women of the local Hobart Young Women's Christian Association came together with the aim of helping the aged, the incapacitated and the chronically ill. They called themselves the 'Amateur Nursing Band' and set themselves to learn about simple home-nursing, bed-making, cooking for invalids and home maintenance generally. The wife of the Governor of Tasmania became their president and in 1896 the 'Band' changed its name to the Hobart District Nursing Association. Today the Association employs the equivalent of 14 nursing staff and about 20 home help staff to complement the nursing care they provide. in the year ending June 1984 the Association made 32,500 visits.

### **New South Wales (1900)**

For some fourteen to fifteen years prior to the rounding of the District Nursing Association in Sydney, there were a few women devoted to the work of tending the sick poor in their own homes.

The formation of the District Nursing Association was largely the work of a Church of England Association, the Christian Social Union, which took up the work because it was considered that care of the sick poor was part of the social work of the Church.

From this strong Church of England base, the issue as to whether the District Nursing Association should be non-denominational was settled in 1906 when the rules of the Association were changed so that members of all religious bodies could work together.

The activities of the District Nursing Association were increased from year to year as funds became available for additional staff. By 1935, the association was incorporated as a second schedule hospital and was thenceforth governed by a board of directors appointed by the Government.

With the passing of the Home Nursing Subsidy Act in 1956, a number of local government authorities developed home nursing services and some country hospitals provided nurses for home nursing.

After 1956, the District Nursing Association rapidly expanded and in 1967-68, decentralisation became necessary. Branches were located at some hospitals, the first being located at Hornsby hospital. The name was changed to the Sydney Home Nursing Service.

The next significant growth period in community nursing was heralded by the introduction of the community health program in 1974. Some district nurses were seconded to multi-disciplinary teams working from community health centres. Today there are more than 250 community health centres in operation in New South Wales varying in size from the large polyclinic type of centre to the single community nurse based in outback areas.

The preferred delivery model of community nursing in the western metropolitan health region was the school based community nurse. The selection of this model was made after a pilot project was conducted in 1974 and was determined to be the best model to meet the needs of the population to be served. The school based nurse in the western metropolitan health region provides home nursing as well as the screening of school children and school health programs.

The Sydney Home Nursing Service continues to be the largest single organisation delivering community nursing care and currently employs 200 registered nurses, 50 seconded registered nurses and 10 enrolled nurses. The Service operates from ten centres located at various public hospitals throughout Sydney's metropolitan area and one centre operating from Auburn community health centre. Thirty-eight of its nurses are seconded to community health centres.

## **Queensland (1904)**

On Ash Wednesday 1904, the Mother's Union of the Anglican Church at Milton conducted a mission to assist poor, sick and needy parishioners.

The members of the Mother's Union decided to make-up 'Maternity Packs' to assist in a confinement, as most children were born at home. However, much of their good work was in vain as most people did not know what to do with a maternity pack! It was then decided to employ a nurse on a six month trial basis, to show the women how to use the packs. Thus began the first domiciliary nursing service in Queensland.

As the work increased, it was found necessary to appoint a committee of management and in

1910 the Mother's Union District Nursing Association was formed with most of its work in midwifery care. Payment for visits was 'whatever the patient could afford'. In 1937 the Mother's Union was dropped from the title and the service became known as the District Nursing Association. By 1965, the committee of management considered that a larger and more permanent body was required for the growth of the association and the Brisbane diocese of the Church of England was asked to assume responsibility of the Association. The name 'St Luke's Nursing Service' was adopted in 1968. By 1984 the Service had branches at Cleveland, Milton and Zillmere and employed 37 full time staff.

### The Blue Nursing Service.

In early 1953 the Rev. Arthur Preston, superintendent minister of the West End Methodist Mission, responded to a request for a home nursing service. He initiated a meeting between Mr Norman Brandon, Mission Treasurer, Mrs Anderson, Registered Nurse and Rev. McKibbin, Newtown Methodist Mission.

They agreed that since there was a shortage of hospital beds and existing home nursing bodies were unable to cope with the demands of a growing population it seemed there was a great need for the establishment of a home nursing service. Financial support to the equivalent of \$60, a commitment by the mission, enabled the venture to become a reality.

Generous assistance given by the press and media and members of the newly formed committee resulted in donations of money and offers of assistance.

Miss Olive Crombie was employed as the first registered nurse to work with this newly formed home nursing service. named the Blue Nursing Service after the blue uniforms chosen by the registered nurse. Blue was selected not only because it was more practical than white but because the colour is associated with acts of care and mercy which was considered the emphasis of the Service.

The Blue Nursing Service like other home nursing services in Queensland has remained an outreach of the church. However. these services would not have survived or grown without the financial support of State and Commonwealth Governments.

By the end of 1956 the vision of a State wide community nursing service was becoming a reality with the setting up of regional centres. it also become apparent that a coordinating body was essential to provide guidance and direction, to negotiate with governments and to disburse funds provided by the State and Commonwealth Governments. This led to the development of the Blue Nursing Service Council in March 1957.

The Blue Nursing Service now has 59 centres from Mossman in the north to Coolangatta in the south and as far as Cunnamulla and Mount Isa in the west.

Each centre has a committee of 15 persons - 9 appointed by parish council of the Uniting Church, 1 director - a member of the Uniting Church, and appointed by the parish council of the Uniting Church, and 5 elected by the community.

Early in 1974 a state nursing executive officer was appointed to become the official representative on all nursing matters. The Blue Nursing Service was successful in receiving monies for education through the community health program and by 1976 a nurse educator was appointed to coordinate education programs for the 47 centres throughout Queensland.

The education thrust commenced at that time has continued and the Blue Nursing Service council now employs 3 staff development officers and the role of state nursing executive officer has been incorporated into the position of director of nursing services.

The service also has 13 hostels, 10 nursing homes, 4 day therapy centres, 10 day care centres and employs 422 registered nurses.

### **Western Australia (1905)**

**The Silver Chain Nursing Association** was formed originally to care for the sick and disadvantaged children of Perth. In fact, the original funding of the Association was by children themselves, each child sending a silver coin to become a 'link' in the 'Silver Chain'. As the years progressed, and with the improvement of child care services in Western Australia, the function of the Association changed from nursing children to nursing the elderly. 1985 finds the Association concerned with the health of all People in the community, no matter what their age or economic position.

The main object of the Silver Chain service is to offer people the opportunity of being cared for in their own homes, rather than being institutionalised when they are ill and to provide all the services necessary to enable them to do so with dignity, for as long as it is feasible. The services provided include home help, domiciliary physiotherapists for those patients who can't afford to obtain this service privately, also equipment for loan. There is also a hospital liaison service to facilitate continuity of care between hospital and home.

Silver Chain services are available in all major country towns in Western Australia. In towns where there is no resident doctor, or hospital facilities, Bush Nursing Medical Centres have been established. The sister at the Centre works in conjunction with the nearest doctor, sometimes by radio, in other medical care is provided by a visiting doctor.

Early in the history of Silver Chain, it was recognised that not only was it desirable to care for in their own homes, but also that accommodation should be available for people who are unable to be maintained safely at home. One metropolitan and two country residences for the frail aged have been provided as well as two sixty-one bed hospitals for the long term sick.

The services provided by Silver Chain are expanding year by year. The most recent innovation is a Hospice Palliative Care service which enables the terminally ill to remain in their own homes for as long as possible, free from pain and distress, rather than be admitted to hospital as soon as intensive and medical care becomes necessary.

The Association works in close liaison with the State Government, public and private hospitals, and medical practitioners. It forms an integral part of the overall health care system within Western Australia.

### **Northern Territory (1929)**

In 1929 Sister Constance Stone was appointed to provide an Infant Health and Home Nursing service to the people of Darwin. As far as is known, the service continued in this way until 1942 when Darwin was evacuated during World War 2. Immediately post-war, Sister Roslyn Gordon was employed by the Department of Works to provide health care to their employees, this later, extended to include their families. This appears to have been the only nursing activity at that time, outside the hospital sphere.

Around 1950 Sister Gordon was transferred to the Department of Health and, together with another nurse, established infant health and some home nursing care in Darwin.

Home nursing, allied with infant and school health work, was also carried out by a number of rural health nurses. Due to the vast distances, lack of transport and medical staff, these nurses were often the only source of health care.



Around 1960 a separate Home Nursing section within the Department of Health was established, together with sections for Infant and School Health.

A similar arrangement was made in Alice Springs with two nurses sharing infant health and home nursing duties.

In 1974 integration of Home Nursing, Infant and School Health sections took place and the generalist nurse concept was incorporated within the community health system. This concept embraces aspects of health education together with primary care within the context of the individual, the family and the wider community.

Within the major urban areas, it is estimated that bedside care in the home comprises between 35-40 per cent of the community health nurses work.

Until relatively recently the percentage of older people within Northern Territory communities has been small in comparison with other States, but as the population is becoming more stable this percentage is increasing. Adding to this cost constraints of long term hospital care, and earlier discharge patterns which are being established, it is reasonable to assume that the need for home nursing services will increase in the years to come.

### **Australian Capital Territory (1946)**

The National Council of Women, which was composed of representatives from a number of women's organisations, initially supported the introduction of a Domiciliary Nursing Service in the A.C.T. in 1946.

Two Sisters rounded this service, working for the Commonwealth Department of Health. They are taken on their rounds by Commonwealth Transport Department drivers until cars were provided for their use. Although the original nurses were conscious that there was a general belief that the Domiciliary Nursing Service was unlikely to continue, demand forced recruitment of more staff. These nurses held double certificates to enable them to cope with home deliveries (which in fact did not eventuate) but the demand for personal care, dressings, medication and injections grew--the latter was often the 'new drug, Penicillin'. The nurses worked under difficult conditions, for example, up to 19-21 days at a time.

Domiciliary nursing services were structurally changed after 1975, with the introduction of a general community health nursing model of service delivery, which was introduced to provide holistic nursing care within defined geographical areas. Community nurses provide domiciliary nursing care, and infant and child health services. Additionally, community nurses undertake preventative health maintenance programs, and offer counselling and information services to the public.

## **CHANGES IN THE FOCUS OF SERVICE IN RESPONSE TO COMMUNITY NEEDS**

From the above it becomes apparent that all Home Nursing organisations developed because of identified health care needs in the community. The focus at the beginning was on the sick, poor and the disadvantaged. However, services were later made accessible to all people within the community as agencies began to receive increased Government subsidy.

Currently Home Nursing organisations function with various structures and operate under different auspices such as hospitals, voluntary bodies and local government. Nurses working in these organisations are unified in their shared concern and commitment to providing quality care in the community.

Rapid development in medical and technological services has placed new demands on nurses working in the community. Over recent years people are being discharged from hospital earlier and at a more acute stage of illness and nurses have to undertake further in-service, post-basic, and/or post graduate education in order to continue to provide quality care.

With increasing mobility of nuclear families and increasing numbers of women entering the work force, more and more elderly persons are living alone without families to care for them. This has presented a challenge for nurses in the community as to how best to meet the needs of the elderly and the chronically ill given finite resources. This challenge has prompted Home Nursing organisations to develop a role for auxiliary health workers to meet these needs. These new workers include health service aides in N.S.W., paramedical aides in S.A., home care aides in Western Australia and home health aides in Victoria. New and innovative ways of responding to identified needs in local communities, whilst at the same time maintaining accountability for standards of care, will present challenges for the future of Home Nursing organisations in Australia.

This brief outline of Home Nursing in Australia is a record of achievement. Recognition of the extended roles of nurses, based on their knowledge, expertise and experience, is paramount as is the recognition of their educational needs if these services are to continue to be effective.

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